

Michigan Department of Agriculture & Rural Development

New Food Establishment Application



P.O. BOX 30776
 LANSING MI 48909-8276
 Phone: 517-284-5771 Email: mdard-clu@mdard.michigan.gov
 In Accordance with Public Act No. 92 of 2000, as amended

☐ State or County Fair

STEP 1: ORGANIZATION INFORMATION - FEIN not required for Individual Ownership Type

*Ownership Type: ☐ Corporation ☐ Limited Liability Co. ☐ Partnership
☐ Sole Proprietor ☐ Joint Tenant ☐ Individual

*Ownership Name:

**Federal Identification #:

Email Address:

*Mailing Address:

*City:

*State:

*Zip:

Office Use Only
 Temp #:
 Inspector Initials:
 Inspected On:

STEP 2: BUSINESS INFORMATION - Each "Business/Concession" will need to fill out a New Application but can apply for multiple fairs

*Business/Concessions Name:

STEP 3: CONTACT INFORMATION

*Primary Contact Name:

*Phone:

Email:

*Address:

*City:

*State:

*Zip:

*Country:

✓ Michigan Resident Agent Required if Organization & Previous contact addresses are outside the State of Michigan

Additional Contact Name:

Phone:

Email:

Address:

City:

State:

Zip:

Country:

STEP 4: FOOD ESTABLISHMENT FEES - Make check/money orders payable to the State of Michigan

State/County Fair: \$73.00 per Fair (Nonrefundable) X _____ Number of Fair(s) = \$ _____ Fees Due (1435)

Please select the fair/fairs this concession will be attending on page 2 and add the total into the "Number of Fair(s)"

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STEP 5: FAIR(S) ATTENDING - Check All Fair(s) you will be attending with this Concessions *Require for State/County Fairs Only		
<input type="checkbox"/> ALCONA COUNTY	<input type="checkbox"/> GRATIOT COUNTY FAIR FOR YOUTH	<input type="checkbox"/> NORTHWESTERN MICHIGAN
<input type="checkbox"/> ALGER COUNTY	<input type="checkbox"/> GREAT LAKES STATE FAIR	<input type="checkbox"/> OAKLAND COUNTY
<input type="checkbox"/> ALLEGAN COUNTY	<input type="checkbox"/> HILLSDALE COUNTY	<input type="checkbox"/> OGEMAW COUNTY
<input type="checkbox"/> ALPENA COUNTY	<input type="checkbox"/> IONIA FREE	<input type="checkbox"/> OSCEOLA COUNTY
<input type="checkbox"/> ANTRIM COUNTY	<input type="checkbox"/> IOSCO COUNTY	<input type="checkbox"/> OTSEGO COUNTY
<input type="checkbox"/> ARENAC COUNTY	IRON COUNTY	<input type="checkbox"/> PRESQUE ISLE COUNTY
<input type="checkbox"/> BERRIEN COUNTY	<input type="checkbox"/> ISABELLA COUNTY	<input type="checkbox"/> ROSCOMMON COUNTY
<input type="checkbox"/> CASS COUNTY	<input type="checkbox"/> JACKSON COUNTY	<input type="checkbox"/> SANILAC COUNTY
<input type="checkbox"/> CHEBOYGAN COUNTY	<input type="checkbox"/> LAKE ODESSA CIVIC & AGRICULTURAL	<input type="checkbox"/> SCHOOLCRAFT COUNTY
<input type="checkbox"/> CHIPPEWA COUNTY	<input type="checkbox"/> LAPEER COUNTY	<input type="checkbox"/> SHIAWASSEE COUNTY
<input type="checkbox"/> CLINTON COUNTY	<input type="checkbox"/> LENAWEE COUNTY	<input type="checkbox"/> SPARTA AREA FAIR
<input type="checkbox"/> CROSWELL AGRICULTURAL SOCIETY	<input type="checkbox"/> LUCE-WEST MACKINAC COUNTY	<input type="checkbox"/> ST. JOSEPH COUNTY
<input type="checkbox"/> DICKINSON COUNTY	<input type="checkbox"/> MARION FARM EXHIBIT	<input type="checkbox"/> UPPER PENINSULA STATE FAIR
<input type="checkbox"/> EMMET CHARLEVOIX COUNTY	<input type="checkbox"/> MONTCALM COUNTY	<input type="checkbox"/> VAN BUREN COUNTY
<input type="checkbox"/> GENESEE COUNTY	<input type="checkbox"/> MONTMORENCY COUNTY	<input type="checkbox"/> WARREN CITY FAIR
<input type="checkbox"/> GLADWIN COUNTY	<input type="checkbox"/> MONTMORENCY COUNTY	<input type="checkbox"/> WAYNE COUNTY
<input type="checkbox"/> GRATIOT AGRICULTURAL SOCIETY	<input type="checkbox"/> MUSKEGON COUNTY	
TOTAL NUMBER OF FAIRS ATTENDING: _____ * See Step 4 to calculate Fees Due		

I hereby verify and affirm that all information contained in this application is true and accurate.

Signature: